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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/724,821 | | | ing Date 02/2003 | To be Mailed | | |
|--|---|---|--|---|--|---|--|------------------------|----|-----------------------|-------------------------------|--|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY ☑ ○ | | | OTHER THAN OR SMALL ENTITY | | |
| Н | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | T | RATE (\$) | FEE (\$) | | |
| | BASIC FEE (37 CFR 1.16(a), (b), | - | N/A | | N/A | ı | N/A | .,, | 1 | N/A | 1.7 | | |
| | SEARCH FEE (37 CFR 1.16(k), (f), | | N/A | | N/A | | N/A | | 1 | N/A | | | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | E | N/A | | N/A | | N/A | | 1 | N/A | | | |
| TO | FAL CLAIMS CFR 1.16(i)) | | minus 20 = | | | | x \$ = | | OR | x s = | | | |
| IND | EPENDENT CLAIM CFR 1.16(h)) | S | minus 3 = * | | | | x \$ = | | 1 | x \$ = | | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit 35 U | If the specification and draw sheets of paper, the applica is \$250 (\$125 for small entit additional 50 sheets or fract 35 U.S.C. 41(a)(1)(G) and 3 | | on size fee due) for each on thereof. See | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | ı | | | ı | Ь | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | L | J | TOTAL | | | |
| APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY | | | | | | | | | | | | | |
| AMENDMENT | 10/07/2008 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | | |
| | Total (37 CFR 1.16()) | · 10 | Minus | 20 | = 0 |] | X \$26 = | 0 | OR | x s = | | | |
| | Independent (37 CFR 1.16(h)) | • 1 | Minus | 3 | = 0 | 1 | X \$110 = | 0 | OR | x s = | | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | | |
| | | | | | | | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | | |
| | Total (37 CFR 1,18(i)) | | Minus | | - | 1 | x \$ = | | OR | x \$ = | | | |
| Σ | Independent (37 CFR 1,16(h)) | | Minus | *** | = | 1 | x \$ = | | OR | x s = | | | |
| 핍 | Application Size Fee (37 CFR 1.16(s)) | | | | |] | | |] | | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | l | | | OR | | | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | | |
| "If the entry in column 1 is less than the entry in column 2, write "O" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |

This collection of information is orquired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USPTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.